

TIDES MODEL: KEY LITERATURE CITED

High-quality non-VA randomized trials showing improved outcomes, including work performance, and demonstrating high relative cost-effectiveness compared to other commonly-used interventions in primary care:

1. Katon W, Von Korff M, Lin E, et al. Stepped collaborative care for primary care patients with persistent symptoms of depression: a randomized trial. *Arch Gen Psychiatry*. Dec 1999;56(12):1109-1115. (*persist dep trial*)
2. Von Korff M, Gruman J, Schaefer J, Curry SJ, Wagner EH. Collaborative management of chronic illness. *Ann Intern Med*. 1997;127(12):1097-1102. (*orig trial*)
3. Schoenbaum M, Unutzer J, McCaffrey D, Duan N, Sherbourne C, Wells KB. The effects of primary care depression treatment on patients' clinical status and employment. *Health Serv Res*. 2002;37(5):1145-1158. (*PIC*)
4. Rost K, Smith BS, Elliott CE, Dickinson LM. The Effect of Improving Primary Care Depression Management on Employee Absenteeism and Productivity: A Randomized Trial. *Med Care*. In press. (*QuEST*)
5. Simon GE, Revicki D, Heiligenstein J, et al. Recovery from depression, work productivity, and health care costs among primary care patients. *Gen Hosp Psychiatry*. 2000;22(3):153-162.
6. Katon WJ, Von Korff M, Lin E, et al. Collaborative management to achieve treatment guidelines: Impact on depression in primary care. *JAMA*. 1995;273(13):1026-1031. (*orig*)
7. Wells KB, Sherbourne C, Schoenbaum M, et al. Impact of disseminating quality improvement programs for depression in managed primary care: a randomized controlled trial. *JAMA*. 2000;283(2):212-220. (*PIC*)
8. Unutzer J, Katon W, Callahan CM, et al. Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial. *JAMA*. 2002;288(22):2836-2845. (*IMPACT*)
9. Rost K, Nutting P, Smith J, Werner J, Duan N. Improving depression outcomes in community primary care practice: a randomized trial of the quEST intervention. *Quality Enhancement by Strategic Teaming*. *J Gen Intern Med*. 2001;16(3):143-149. (*QuEST*)
10. Dietrich AJ, Oxman TE, Williams JW, Jr., et al. Re-engineering systems for the treatment of depression in primary care: cluster randomised controlled trial. *BMJ*. Sep 11 2004;329(7466):602. (*RESPECT*)
11. Dietrich AJ, Oxman TE, Williams JW, Jr., et al. Going to scale: re-engineering systems for primary care treatment of depression. *Ann Fam Med*. Jul-Aug 2004;2(4):301-304. (*RESPECT*)
12. Schoenbaum M, Unutzer J, Sherbourne C, et al. Cost-effectiveness of Practice-Initiated Quality Improvement for Depression: Results of a Randomized Controlled Trial. *JAMA*. 2001;286(11):1325-1330. (*PIC*)
13. Pyne JM, Rost KM, Zhang M, Williams DK, Smith J, Fortney J. Cost-effectiveness of a primary care depression intervention. *J Gen Intern Med*. Jun 2003;18(6):432-441. (*QuEST*)

14. Pyne JM, Smith J, Fortney J, Zhang M, Williams DK, Rost K. Cost-effectiveness of a primary care intervention for depressed females. *J Affect Disord.* Mar 2003;74(1):23-32. (*QuEST*)
15. Simon GE, Katon WJ, VonKorff M, et al. Cost-effectiveness of a collaborative care program for primary care patients with persistent depression. *Am J Psychiatry.* Oct 2001;158(10):1638-1644. (*persist dep*)
16. Von Korff M, Katon W, Bush T, et al. Treatment costs, cost offset, and cost-effectiveness of collaborative management of depression. *Psychosom Med.* Mar-Apr 1998;60(2):143-149. (*orig trial*)
17. Asarnow JR, Jaycox LH, Duan N, et al. Effectiveness of a quality improvement intervention for adolescent depression in primary care clinics: a randomized controlled trial. *JAMA.* Jan 19 2005;293(3):311-319.
18. Dietrich AJ, Oxman TE, Williams JW, Jr., et al. Re-engineering systems for the treatment of depression in primary care: cluster randomised controlled trial. *Br Med J.* Sep 11 2004;329(7466):602. (*RESPECT*)

Randomized trials showing the efficacy of nurse telephone care management alone using the same model of care (a number of the studies above used a combination of telephone and in-person):

19. Hunkeler EM, Meresman JF, Hargreaves WA, et al. Efficacy of nurse telehealth care and peer support in augmenting treatment of depression in primary care. *Arch of Gen Med.* 2000;9(8):700-708.
20. Simon GE, VonKorff M, Rutter C, Wagner E. Randomized trial of monitoring, feedback, and management of care by telephone to improve treatment of depression in primary care. *Br Med J.* 2000;320(7234):550-554.

Randomized Trials Showing Long-Term (2 to 5 year) Effects:

21. Sherbourne CD, Wells KB, Duan N, et al. Long-term effectiveness of disseminating quality improvement for depression in primary care. *Arch Gen Psychiatry.* Jul 2001;58(7):696-703. (*PIC*)
22. Wells K, Sherbourne C, Schoenbaum M, et al. Five-year impact of quality improvement for depression: results of a group-level randomized controlled trial. *Arch Gen Psychiatry.* Apr 2004;61(4):378-386. (*PIC*)
23. Rost K, Pyne JM, Dickinson LM, LoSasso AT. Cost-effectiveness of enhancing primary care depression management on an ongoing basis. *Ann Fam Med.* Jan-Feb 2005;3(1):7-14. (*QuEST*)

Randomized Trials Showing Beneficial Effects on Minorities:

24. Rost K, Pyne JM, Dickinson LM, LoSasso AT. Cost-effectiveness of enhancing primary care depression management on an ongoing basis. *Ann Fam Med.* Jan-Feb 2005;3(1):7-14. (*QuEST*)
25. Miranda J, Schoenbaum M, Sherbourne C, Duan N, Wells K. Effects of primary care depression treatment on minority patients' clinical status and employment. *Arch Gen Psychiatry.* Aug 2004;61(8):827-834. (*PIC*)
26. Miranda J, Duan N, Sherbourne C, et al. Improving care for minorities: can quality improvement interventions improve care and outcomes for depressed minorities? Results of a randomized, controlled trial. *Health Serv Res.* Apr 2003;38(2):613-630.

27. Schoenbaum M, Miranda J, Sherbourne C, Duan N, Wells K. Cost-effectiveness of interventions for depressed Latinos. *J Ment Health Policy Econ*. Jun 2004;7(2):69-76. (PIC)

VA trial showing collaborative care for depression is more effective than primary care based psychiatrists using standard consult liaison:

28. Hedrick SC, Chaney EF, Felker B, et al. Effectiveness of collaborative care depression treatment in Veterans' Affairs primary care. *J Gen Intern Med*. Jan 2003;18(1):9-16.
29. Liu CF, Hedrick SC, Chaney EF, et al. Cost-effectiveness of collaborative care for depression in a primary care veteran population. *Psychiatr Serv*. May 2003;54(5):698-704.

VA trial Showing that Less Structured RN CNS Care Management Did Not Improve Outcomes (But Has Some Design/Power Issues):

30. Swindle RW, Rao JK, Helmy A, et al. Integrating clinical nurse specialists into the treatment of primary care patients with depression. *Int J Psychiatry Med*. 2003;33(1):17-37.

Cochrane-type Literature Reviews Showing that Multi-Component Programs, most of which Follow Collaborative Care, are More Effective:

31. Pignone MP, Gaynes BN, Rushton JL, et al. Screening for depression in adults: a summary of the evidence for the U.S. Preventive Services Task Force. *Ann Intern Med*. May 21 2002;136(10):765-776.
32. Gilbody S, Whitty P, Grimshaw J, Thomas R. Educational and organizational interventions to improve the management of depression in primary care: a systematic review. *JAMA*. Jun 18 2003;289(23):3145-3151.

High-Quality Computer Feedback or High Quality Provider Education Used in Isolation are Not Effective:

33. Rubenstein LV, McCoy JM, Cope DW, et al. Improving patient quality of life with feedback to physicians about functional status. *J Gen Intern Med*. Nov 1995;10(11):607-61
34. Rollman BL, Hanusa BH, Lowe HJ, Gilbert T, Kapoor WN, Schulberg HC. A randomized trial using computerized decision support to improve treatment of major depression in primary care. *J Gen Intern Med*. Jul 2002;17(7):493-503.
35. Gerrity MS, Cole SA, Dietrich AJ, Barrett JE. Improving the recognition and management of depression: is there a role for physician education? *J Fam Pract* Dec 1999;48(12):949-957.
36. Thompson, C., A. L. Kinmonth, et al. (2000). Effects of a clinical-practice guideline and practice-based education on detection and outcome of depression in primary care: Hampshire Depression Project randomised controlled trial. *Lancet* 355(9199): 185-91.

How Collaborative Care Works:

37. Dietrich AJ, Eisenberg L. Better management of depression in primary care [editorial]. *J Fam Pract*. 1999;48(12):945-946.

38. Oxman TE, Dietrich AJ, Williams JW, Jr., Kroenke K. A three-component model for reengineering systems for the treatment of depression in primary care. *Psychosomatics*. Nov-Dec 2002;43(6):441-450.
39. Rubenstein LV, Parker LE, Meredith LS, et al. Understanding team-based quality improvement for depression in primary care. *Health Serv Res*. 2002;37(4):1009-1029.
40. Rubenstein LV, Jackson-Triche M, Unutzer J, et al. Evidence-based care for depression in managed primary care practices. *Health Affairs (Millwood)*. 1999;18(5):89-105.
41. Rost K, Nutting PA, Smith J, Werner JJ. Designing and implementing a primary care intervention trial to improve the quality and outcome of care for major depression. *Gen Hosp Psychiatry*. Mar-Apr 2000;22(2):66-77.
42. Depression Patient Outcomes Research Team (PORT-II). Partners In Care. RAND. Available at: <http://www.rand.org/health/partners.care/portweb/>. July 01, 2001. Accessed June, 2005.
43. TIDES/WAVES/COVES VA HSR&D Website. Available at: http://www.va.gov/tides_waves/
44. MacArthur Initiative on Depression in Primary Care Website. Available at: <http://www.depression-primarycare.org>

Collaborative Care as a Chronic Illness Care Model:

45. Wagner EH, Glasgow RE, Davis C, et al. Quality Improvement In Chronic Illness Care: A Collaborative Approach. *Jt Comm J Qual Improv*. 2001;27(2):63-80.
46. Institute of Medicine. *Crossing the Quality Chasm : A New Health System for the 21st Century*. Washington: National Academy Press; 2001.

- We've indicated some of the larger depression collaborative care studies that have resulted in multiple publications (eg, *(PIC)* - *Partners in Care* project).